

IEP (PR-07) Form Cheat Sheet August 2009 SST5

Per Adopted
School Calendar

ID Number is a local
determination. Could be
EMIS number, or other
number decided by district.

District of Residence

Where child's biological
parent(s) reside. Exception:
Community School – Name of
Community School is listed as
the District of Residence.

Ward of State

(see Operating Standards p 40.)
"Yes" if in foster care and/or
in the custody of a public child
welfare agency, not for
children who are adopted.

FYI -- Surrogates must be
trained by the SST.

Information that is "Good to
Know." Clarify parental-type
issues, languages spoken in the
home, logging attempts for
parent involvement, medical
info., etc., or N/A.

**Does not replace
PR-01 or PR-02.**

IEP Individualized Education Program

THIS IEP WILL BE IMPLEMENTED DURING THE REGULAR SCHOOL TERM UNLESS NOTED IN GENERAL FACTORS

CHILD'S INFORMATION

NAME: _____ ID NUMBER: _____
STREET: _____ GENDER: _____ GRADE: _____
CITY: _____ STATE: OH ZIP: _____
DATE OF BIRTH: _____
DISTRICT OF RESIDENCE: _____ COUNTY OF RESIDENCE: _____
DISTRICT OF SERVICE: _____

Will the child be 14 years old before the end of this IEP? YES ☐ NO ☐
(Changes content of Sections 4 and 5)
Is the child a ward of the state? YES ☐ NO ☐
If yes, provide the name of the surrogate parent: _____

PARENTS' / GUARDIAN INFORMATION

NAME: _____
STREET: _____
CITY: _____ STATE: OH ZIP: _____
HOME PHONE: _____ WORK PHONE: _____
CELL PHONE: _____ EMAIL: _____

NAME: _____
STREET: _____
CITY: _____ STATE: OH ZIP: _____
HOME PHONE: _____ WORK PHONE: _____
CELL PHONE: _____ EMAIL: _____

OTHER INFORMATION:

MEETING INFORMATION

MEETING DATE: _____
MEETING TYPE: _____
☐ INITIAL IEP
☐ ANNUAL REVIEW
☐ REVIEW OTHER THAN ANNUAL REVIEW
☐ AMENDMENT
☐ OTHER _____

IEP TIME LINES

ETR COMPLETION DATE: _____
NEXT ETR DUE DATE: _____
IEP EFFECTIVE DATES
START: _____
END: _____
NEXT IEP REVIEW: _____

IEP BY 3rd BIRTHDAY? YES ☐ NO ☐
(If transitioning from EI services)

IEP FORM STATUS
(Check when complete)

☐ 1. FUTURE PLANNING
☐ 2. SPECIAL INSTRUCTIONAL FACTORS
☐ 3. PROFILE
☐ 4. POSTSECONDARY TRANSITION
☐ 5. POSTSECONDARY TRANSITION SERVICES
☐ 6. MEASURABLE ANNUAL GOALS
☐ 7. SPECIALLY DESIGNED SERVICES
☐ 8. TRANSPORTATION AS A RELATED SERVICE
☐ 9. NONACADEMIC AND EXTRA CURRICULAR
☐ 10. GENERAL FACTORS
☐ 11. LEAST RESTRICTIVE ENVIRONMENT
☐ 12. STATEWIDE AND DISTRICT TESTING
☐ 13. MEETING PARTICIPANTS
☐ 14. SIGNATURES

AMENDMENTS: (Complete only if amending the IEP)

IEP SECTION AMENDED	THE SCHOOL DISTRICT AND PARENTS HAVE AGREED TO MAKE THE FOLLOWING CHANGES TO THE IEP	DATE OF AMENDMENT	PARTICIPANT & ROLE

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The date the
meeting is held.
**See Annotated IEP
pp. 3-5.**

The IEP must be
implemented on a date
following the IEP meeting
and must be reviewed *at
least* annually.
(365 days – 1) from the
meeting date.

These check boxes will
populate as you click on
"check when complete"
throughout the IEP.

- Does not need to be a face-to-face meeting.
- Must first obtain **WRITTEN excusal for all required members** who will not be in attendance.
- Summarizes the changes.
- Actual changes should be documented in body of IEP or by attachment.
- Signatures are not required here, just a listing of names.
- **HOWEVER**... You must **ENSURE** the child's IEP team is informed of the revisions. How?
- **See Annotated IEP pp. 6-7.**

Future Planning **Questions to Consider:**

- What interests does the child have?
- How can these interests be supported and incorporated into the child's educational program?
- What skills does the child possess?
- How can these skills be improved and used in the child's educational program?
- What does the child want to do after high school?
- What do the parents want the child to do after high school?
- What coursework, job coaching opportunities and career tech programs will assist the child in accomplishing what he or she wants to do after high school?
- ***See Annotated IEP p. 7.***

IEP Individualized Education Program CHILD'S NAME:

1 FUTURE PLANNING

2 SPECIAL INSTRUCTIONAL FACTORS
Items checked "YES" will be addressed in this IEP:

Does the child have behavior which impedes his/her learning or the learning of others? YES ☐ NO ☐

Does the child have limited English proficiency? YES ☐ NO ☐

Is the child blind or visually impaired? YES ☐ NO ☐

Does the child have communication needs (required for deaf or hearing impaired)? YES ☐ NO ☐

Does the child need assistive technology devices and/or services? YES ☐ NO ☐

Does the child require specially designed physical education? YES ☐ NO ☐

3 PROFILE
CHILD'S PROFILE:

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Profile

- Summarize strengths; address weaknesses
- How does the disability affect the progress in the general curriculum?
- General information re: performance on state/district assessments.
- Identify the "hooks" for this child, i.e., if the child will exhibit appropriate behavior when exposed to SpongeBob, that information should be included in the student's profile.
- Curricular and social issues
- Could include skills at grade-level.
- **Secondary Transition age** – Information related to adult living, working and learning.
- **Preschool age** – developmental strengths and opportunities in identified areas of development. ***See Annotated IEP p. 11***

Special Instructional Factors

- Check "Yes" or "No" based on the student's needs.
- Items checked "Yes" **must** be incorporated into the IEP. This information should be identifiable in the child's profile, PLOP, goals and services provided.
- **Sample Questions to Consider for:**
 - **Behavior:** Does the child's challenging behavior persist despite implementation of informal behavior change strategies?
 - If "Yes" **at least one goal based on these needs will be included in Section 6, Measurable Annual Goals**
 - **LEP:** What language is spoken most often in the home?
 - **Communication Needs:** (Note: Required for, ***but not limited to***, deaf or hard of hearing) Does the child's communication have an impact on learning?
 - **A.T. Devices:** Does the child need AT for written communication and/or computer access?
 - **A.T. Services:** Does the child require AT services for training or technical assistance for the child, family or a professional?
 - **Physical Education:** Does the child need specially designed physical education as prescribed in the child's IEP?
 - ***See Annotated IEP, pp. 7 – 10, for a more comprehensive list of questions to consider.***

Transition Statement

- Required for all children who are or will be 14 years of age or older during the term of this IEP.
- This statement shall be updated annually and address the child's transition service needs.

At minimum:

Include the child's courses of study.

Summarize information/data from:

- Section 1, Future Planning;
- Section 3, Profile; or
- Age-appropriate transition assessments (if appropriate)
- *See Annotated IEP, p. 11.*

IEP Individualized Education Program CHILD'S NAME: _____

4 POSTSECONDARY TRANSITION
FOR 14 YEARS AND OLDER
(or younger if appropriate)

A STATEMENT OF TRANSITION SERVICE NEEDS OF THE CHILD THAT FOCUSES ON THE CHILD'S COURSE OF STUDY

FOR 16 YEARS AND OLDER
(or younger if appropriate)

AGE APPROPRIATE TRANSITION ASSESSMENTS
Summarize the results of the age-appropriate transition assessment data in the space below, indicating the source of the assessment(s) and the relevant information for transition planning

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Age-Appropriate Transition Assessments

- Examples of these assessments are:
 - Academic and aptitude evaluations
 - Parent and student transition surveys
 - Reviews of the records of student's grades & IEP progress reports
 - Career interest inventories
 - Adaptive behavior/daily living skills assessments
 - Formalized functional & vocational evaluations
 - ELSA (Employability Life Skills Assessments) documents
 - Other – Refer to NSTTAC Indicator 13 located at www.NSTTAC.org.
- Provide a summary of the above-mentioned assessments, when appropriate.
- Optional for children who are younger than 16 years of age.
- *See Annotated IEP, pp. 11 – 12.*

Measurable Postsecondary Goals

- Enter a goal or goals that **may be completed after the child graduates from high school**.
 - **Ex.:** *Upon graduation, Sally will attend the Ohio State University and major in education.*
- Since this is a postsecondary goal, the district is not responsible for ensuring that this goal is completed, but the district will need to show a good faith effort to provide Sally with the courses, training, supports and services that would lead to her being able to pursue and complete this goal. ***See Annotated IEP, pp. 11 -14.***
- Written for post-secondary education and training, post-secondary employment and post-secondary independent living (as appropriate). It is acceptable to combine the goals, but the team should make note of that in other areas in which a goal is not written.

Questions to consider:

- Can the goal(s) be counted?
- Will the goal(s) occur **after** the student graduates from school?

Courses of Study

List the types of courses in which the child receives instruction during the school day.

For Example:

- Advanced placement courses,
- Vocational education courses,
- Prerequisite courses needed to enter a career tech program, etc.
- ***See Annotated IEP p. 13***

5 POSTSECONDARY TRANSITION SERVICES			
POSTSECONDARY EDUCATION AND TRAINING (optional for 15 and younger)			
MEASURABLE POSTSECONDARY GOAL:			
COURSES OF STUDY:		NUMBERS OF ANNUAL GOAL(S)	
TRANSITION SERVICE/ACTIVITY	PROJECTED BEGINNING DATE	ANTICIPATED DURATION	PERSON/AGENCY RESPONSIBLE

Number of Annual Goals

- Place the number of the corresponding Annual Goal, from Section 6 Measurable Annual Goals.

Questions to consider:

- Is (are) annual goal(s) included in the IEP that will help the student make progress toward the stated postsecondary goal(s)?

Person/Agency Responsible

- List the name and title of the person or agency responsible for each service/activity.
- NO “parent” or “student”.
- ***See Annotated IEP p. 14.***

Transition Service / Activity

- List services/activities that will be necessary to support the measurable postsecondary goal or goals.

Transition Services Include:

- Instruction
 - Including Work Study
- Related services
- Community experiences
- Development of employment and other postsecondary living objectives
- Acquisition of daily living skills and provision of functional vocational evaluation. (if appropriate)

Targeted Date for Child to Graduate

- Enter the month, day and year when the IEP team expects the child to graduate from high school with a regular high school diploma.
- ***See Annotated IEP p. 14.***

Target date for child to Graduate:

Anticipated Duration

- Enter how often the service/activity will be provided.
- **For example:** once per week, twice a month, etc.

Projected Beginning Date

- Enter date service/activity will begin to be provided.
- May be left blank, if the service will be provided for the regular school term.

For Measurable Annual Goals written with Measurable *Objectives*

Reading / Math / Social Skills / Behavior / Communication / Etc.

PLOP

- What is the child ***currently*** doing?
- How does the child's achievement vary from typical peers?
- Specific DATA on student (Baseline; compare same age/grade peers)
- Describe interventions ***and*** their results.
- Describe additional or alternative instructional materials, time or personnel.
- **For Preschool**
 - Present levels related to developmental domains
 - Present levels related to pre-academic skills
- ***What about these areas needs specialized instruction?***
- ***See Annotated IEP, pp. 15 & 16.***

Measurable Objectives

- Smaller, more manageable learning tasks that a child must master as a step toward achieving an annual goal.
- Components must contain: condition, clearly defined behavior and performance criteria.
- Must also be **SMART** – **S**pecific, **M**easurable, **A**ttainable, **R**ealistic, **a**nd **T**imely
- ***See Annotated IEP, pp. 17 & 18.***

Template:

By (date), when given (condition + accommodation), (student's name) will (expected criteria / task / behavior) with (performance criteria).

IEP Individualized Education Program CHILD'S NAME: _____

6. MEASURABLE ANNUAL GOALS

NUMBER: _____ AREA: _____

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

MEASURABLE ANNUAL GOAL

METHOD(S)

METHOD FOR MEASURING THE CHILD'S PROGRESS TOWARDS ANNUAL GOAL

a. Curriculum Based Assessment e. Short-Cycle Assessments i. Work Samples
b. Portfolios f. Performance Assessments j. Inventories
c. Observation g. Checklists k. Rubrics
d. Anecdotal Records h. Running Records

MEASURABLE OBJECTIVES

NUM	OBJECTIVE
.1	
.2	
.3	
.4	
.5	
.6	

METHOD AND FREQUENCY FOR REPORTING THE CHILD'S PROGRESS TO PARENTS

☐ Written report
☐ Email
☐ Phone call
☐ Journal entry
☐ The child's progress will be reported to the child's parents each time report cards are issued
☐ Other _____

Reported every _____ weeks

Note: Progress Reports must be provided to parents of a child with a disability at least as often as report cards are issued to all children. If the district provides interim reports to all children, progress reports must be provided to all parents of a child with a disability.

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Measurable Annual Goal

Must Contain:

1. Condition,
 2. Clearly Defined Behavior, AND
 3. Performance Criteria Desired
- ***See Annotated IEP, pp. 16 & 17.***
 - **SMART Goals are –**
 - **S**pecific, **M**easurable, **A**ttainable, **R**ealistic, **a**nd **T**imely

Template:

By (date), when given (condition + accommodation), (student's name) will (expected criteria/task/behavior) with (performance criteria).

Methods

(For Measuring Child's Progress Toward Annual Goal)

- Place the ***letter*** in the box that corresponds to the method listed below.
- If the method is different than those listed in a–j, write it in the box.
- ***Caution:*** If you mark multiple methods, you are responsible for **EACH** method marked!
- ***If a child is participating in Alternate Assessment, PROGRESS on OBJECTIVES and/or BENCHMARKS must also be reported. (p. 18)***

Method and Frequency for Reporting Progress to Parents

Caution: If you mark multiple methods, you are responsible for **EACH** method marked!
See Annotated IEP pp. 18 & 19.

Methods include:

- Written report, Email, Phone Call, Journal Entry, or Other.

Frequency includes:

- Reported every _____ weeks;
- The child's progress will be reported to the child's parents each time report cards are issued.

For Measurable Annual Goals written with Measurable *Benchmarks*

Measurable Benchmarks

A specific statement of what the child should know and be able to do *in a specified segment of the year*.

- **Must Contain:**
 - Condition;
 - Clearly defined behavior; AND
 - Performance criteria.
- Must also be **SMART** –
 - Specific,
 - Measurable,
 - Attainable,
 - Realistic, *and*
 - Timely
- See *Annotated IEP*, pp 17 – 18.

Template:

By (date), when given (condition + accommodation), (student's name) will (expected criteria / task / behavior) with (performance criteria).

IEP Individualized Education Program		CHILD'S NAME: _____
6 MEASURABLE ANNUAL GOALS		
NUMBER: _____	AREA: _____	
PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE		
MEASURABLE ANNUAL GOAL	METHOD(S)	
METHOD FOR MEASURING THE CHILD'S PROGRESS TOWARDS ANNUAL GOAL		
a. Curriculum Based Assessment	e. Short-Cycle Assessments	i. Work Samples
b. Portfolios	f. Performance Assessments	j. Inventories
c. Observation	g. Checklists	k. Rubrics
d. Anecdotal Records	h. Running Records	
MEASURABLE BENCHMARKS		
NUM	BENCHMARK	DATE OF MASTERY
.1		
.2		
.3		
.4		
.5		
METHOD AND FREQUENCY FOR REPORTING THE CHILD'S PROGRESS TO PARENTS		
<input type="checkbox"/> Written report <input type="checkbox"/> Email <input type="checkbox"/> Phone call <input type="checkbox"/> Journal entry <input type="checkbox"/> The child's progress will be reported to the child's parents each time report cards are issued <input type="checkbox"/> Other _____		
Reported every <input type="text"/> weeks		
<small>Note: Interim Progress Reports must be provided to parents of a child with a disability at least as often as report cards are issued to all children. If the district provides interim reports to all children, progress reports must be provided to all parents of a child with a disability.</small>		
<small>TELETYPEFORM - REVISION 03-05-MAY 6, 2009</small> <small>PAGE 6 of 15</small>		

Date of Mastery

Once the IEP is implemented, enter the date the benchmark is actually mastered.

See previous page for all other information related to Measurable Goals.

Description(s) of Specially Designed Services

Specially Designed Instruction

Adapting, as appropriate to the needs of an eligible child, the content, methodology or delivery of instruction to address the unique needs of the child

See Annotated IEP pp. 19 & 20.

Examples:

- “Consultation with regular education teachers in content areas monitoring student progress.”
- “Direct instruction in a small group setting in writing conventions and paragraph development.”
- “Support Services in general ed. Algebra class.”

Goal(s) Addressed

Place the number of the corresponding annual goal here.

Begin Date

- The date the service will begin.
- If the service will be provided for the duration of the IEP form AND during the entire regular school term, this box may be left blank.
- *See Annotated IEP p. 21*

End Date

- The date the service will end.
- If the service will be provided for the duration of the IEP form AND during the entire regular school term, this box may be left blank.
- *See Annotated IEP p. 21*

Amount of Time

- Enter the total amount of time each service will be provided in minutes or hours.
- Question to Consider:**
- How much time will be spent working on *THIS* specially designed instruction?
 - *See Annotated IEP p. 21*
- Examples:**
- “10 minutes”
 - “1 hour.”

Location of Services

The physical location where the service will take place.

Provider Title

Place the name and title of the person who is responsible for providing the specially designed instruction.

Examples:

- “Intervention Specialist – 2009-10, Mrs. Jones; 2010-11, Mrs. Twin.”
- “Intervention Specialist – Mrs. Hexagon.”

Frequency

How often the service will occur

Examples:

- “2 times per week”
- “once per month”

7 DESCRIPTION(S) OF SPECIALLY DESIGNED SERVICES			
TYPE OF SERVICE	GOAL(S) ADDRESSED	PROVIDER TITLE	LOCATION OF SERVICES
SPECIALLY DESIGNED INSTRUCTION:			
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:

Related Services / Assistive Technology Specially Designed Services

Related Services

Developmental, corrective and other supportive services as are required to assist a child with a disability to benefit from special education.

What is considered a Related Service?:

- Speech-Language Pathology, Audiology or Interpreting Services
- Psychological Services
- Physical and Occupational Therapy
- Recreation including Therapeutic Recreation
- Early Identification and Assessment of Disabilities in Children
- Counseling Services
- Orientation and Mobility Services
- Medical Services for Diagnostic or Evaluation purposes
- Work Study
- Etc.
- *See Annotated IEP, pp 19 - 20*

RELATED SERVICES:			
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:

- Add one related service box for EACH service.

Examples of Related Services

- “Monitoring in speech/language for carryover to all settings in the school setting.”
- “Adapted physical education provided with modified equipment for access to gross motor activities.”

Assistive Technology Services

Any service that directly assists a child with a disability in the selection, acquisition or use of an assistive technology device.

- Evaluation, customization or maintenance of devices
- Coordination of services
- Training for the student, family and professionals

Questions to Consider:

Does the child require AT services for:

- Evaluation of needs?
- Purchasing, leasing, or providing for acquisition?
- Selecting, designing, fitting, customizing or adapting AT devices?

See Annotated IEP, p. 20.

ASSISTIVE TECHNOLOGY:			
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:

- See *Operating Standards for Ohio Educational Agencies Serving Children with Disabilities*, Rule 3301-51-01(B)(2) AND (3) – p. 14 – for the definition and examples of assistive technology services.

Note: May or may not be tied to specific goal(s).

“Goals Addressed” box may be left blank, if appropriate.

Accommodations

Provide access to the course content but does not alter the amount or complexity of the information taught to the child.

Accommodations are...

- Changes made in the way materials are presented;
- Changes in the way children demonstrate learning;
- Changes in setting;
- Changes in timing; or
- Changes in scheduling...

With the expectation that the child will reach the standard set for all children.

- Some accommodations may be appropriate for instruction but may not be used on state tests.
 - Visit www.edresourcesohio.org and search “Ohio Resources”. Click on (OEC-LS) Statewide Assessment Accommodations for the listing of allowable accommodations.

ACCOMMODATIONS:			
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:

Note₁: Several accommodations may be listed in one box if the provider and the dates the accommodations are to be provided are identical.

Note₂: “Goal(s) Addressed”, “Amount of Time” and “Frequency” are *NOT* needed as accommodations are provided across all areas and at all times.

❖ **Think: These are the accommodations the student needs at all times to be successful.**

Modifications

Alter the course content that will be taught to the child.

Provided to those students whose disability includes a cognitive impairment – TBI, CD, MD, etc.

Modifications to the curriculum will result in the child...

- Being taught something different or
- Being taught the same information but with the complexity of the material significantly altered from that being taught to the child’s same age and grade level peers.

MODIFICATIONS:			
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:

NOTE₁: Modifications require frequency and duration and must be tied to annual goals!!!

NOTE₂: If the modifications are not identical in all content areas, the modifications must be listed in separate boxes.

Support for School Personnel

Specific supports or training for school personnel to provide a free appropriate public education (FAPE) to the child with a disability.

Can Include:

- An aide;
- Training;
- Resource materials;
- Equipment; or
- Consultation with other professionals.

See Annotated IEP p. 20.

SUPPORT FOR SCHOOL PERSONNEL:			
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:

Note: For each support, the team must list:

- The school personnel to receive the support
- The specific support that will be provided
- Who will provide the support; **AND**
- Where and when the support will take place.

Services to Support Medical Needs

Medical services that the child needs in order to receive a free appropriate public education (FAPE).

Can Include:

- Medications that must be dispensed during the school day;
- Medical services that may need to be provided during the school day such as:
 - Intermittent catheterization,
 - Feedings by feeding tube, or
 - Breathing therapy for asthma.

See Annotated IEP p. 21.

SERVICE(S) TO SUPPORT MEDICAL NEEDS:			
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:

Note: May or may not be tied to specific goals.

- “Goal(s) Addressed” box may be left blank depending on the medical support needed.

Transportation as a Related Service

Vehicle transportation service that is directly related to the child's disability.

- Shall be provided based on the unique needs of the child.

Questions to Consider:

- What specialized equipment is needed to transport the child safely?
 - Special/adapted vehicles, lifts, ramps?
- What personnel are needed to transport the child safely?
 - Aides, medical personnel?

Check "Yes" if the child's disability requires accommodations or modifications to allow the child to be safely transported.

Check "Yes" if the child's disability requires special transportation services.

Examples:

- Children who are unable to physically board a bus;
- Children who cannot safely find or stand at a bus stop; and
- Children with behaviors that cause safety concerns.

8 TRANSPORTATION AS A RELATED SERVICE

Does the child have needs related to their identified disability that require special transportation? YES ☐ NO ☐

Does the child need accommodations or modifications for transportation? YES ☒ NO ☐

If yes, check any transportation accommodations/modifications that are needed.

<input type="checkbox"/> The bus driver will be notified of the child's behavioral and/or medical concerns	
<input type="checkbox"/> Specially Adapted Vehicle	<input type="checkbox"/> Wheelchair lift <input type="checkbox"/> Bus Aide
<input type="checkbox"/> Securement Systems	<input type="checkbox"/> Car Seat <input type="checkbox"/> Harness
<input type="checkbox"/> Other Specify: _____	

Does the child need transportation to and from provider services? YES ☐ NO ☐

If the child can be safely transported by the regular school bus, but there are things the bus driver needs to know, check this box and inform the bus driver of the information.

Transportation To and From Provider Services

If the child will be receiving services from an off-site provider and the child needs transportation to access the service, check "Yes".
See Annotated IEP p. 23.

Securement Systems

Restraint or fastening by some method *other than a harness or car seat.*

Specially Adapted Vehicle

If a bus must be *physically altered* in order to allow the child to be transported safely, or if the child will ride in a *vehicle other than a yellow school bus*, check this box.

NOT:

- Securement systems,
- Car seats, OR
- Harnesses that are *bolted* to the vehicle.

Car Seat Laws

Who requires a car seat?
O.R.C. § 4511.81(A) – (C)

For a link to traffic codes in the State of Ohio, visit:
<http://codes.ohio.gov/orc/4511>

Does NOT apply to preschool!

Extracurricular and Nonacademic Activities

Record whether the child needs to participate in a particular extracurricular or nonacademic activity for FAPE or if the child simply will be provided the opportunity to participate in these activities as a member of the school community.

See Annotated IEP p. 24.

If the child will not participate in nonacademic / extracurricular activities, explain:

- If the child is participating, the question is not applicable and the team can write "N/A."
- If the child will not be participating, the decision and reasons why the parents made this decision are recorded here.

See Annotated IEP p. 24.

General Factors

Marking "NO" to any of these questions require the IEP team to revisit the appropriate section of the IEP to incorporate each of these factors into the IEP.

See Annotated IEP pp. 24 – 25.

IEP Individualized Education Program CHILD'S NAME: _____

9 NONACADEMIC AND EXTRACURRICULAR ACTIVITIES

In what ways will the child have the opportunity to participate in nonacademic/extracurricular activities with his/her nondisabled peers?
Describe _____

If the child will not participate in non-academic/extracurricular activities, explain.

10 GENERAL FACTORS

HAS THE IEP TEAM CONSIDERED:

The strengths of the child?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
The concerns of the parents for the education of the child?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
The results of the initial or most recent evaluations of the child?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
As appropriate, the results of performance on any state or district-wide assessments?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
The academic, developmental, and functional needs of the child?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

The need for extended school year (ESY) services _____

☐ The team has determined that ESY services are not necessary.

☐ The team has determined that ESY services are necessary for the following Goals and Objectives or Benchmarks: _____

☐ The team needs to collect further data before making a determination and will meet again by: _____

Extended School Year Services

Sample Factors to Consider:

- Regression;
- Recoupment;
- Whether the child will maintain the skills and behaviors relevant to IEP goals and objectives;
- Severity of child's disability.
- ***See Annotated IEP, pp. 25 -27, for a more comprehensive list of factors to consider.***

What are Non-Academic and Extracurricular Services?

- Counseling Services,
- Athletics,
- Transportation,
- Health Services,
- Recreational Activities,
- Special Interest Groups or Clubs Sponsored by the School District,
- Referrals to Agencies that Provide Assistance to Individuals with Disabilities, and
- Employment of Students
 - Employment by the district, and
 - Assistance in making outside employment available.

See Annotated IEP, pp. 23 - 24.

Also, see Operating Standards § 3301-51-02(H)(1-2).

If ESY services are needed, the IEP team must document the description of these services in Section 7, Description(s) of Specially Designed Services.

The need for ESY services will not be based on...

- The desire or need for day care or respite care services; or
- The desire or need for a summer recreation program.

Note: Special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs when the nature or severity of the disability is such that education in regular education classes, even with the use of supplementary aids and services, cannot be achieved satisfactorily.

See Annotated IEP pp. 27 – 29.

LRE for Preschool...

- ECE setting = $\geq 50\%$ of the enrollment is non-disabled peers
- Special education setting = $\leq 50\%$ non-disabled peers, or residential or separate facility
- Home or service provider location (child comes to where the service is).

See Annotated IEP pp. 28 – 29.

Criteria for Modified Assessment (AA MAS):

1. Does the student have an IEP?
2. Is the student “persistently low performing” on general education OAT, or top performing on AA-AAS (Alternate Assessment)?
3. Does the student have a standards-based IEP?
4. Has the IEP team documented its expectation that the student will not achieve grade-level proficiency within the year covered by the IEP?
5. Does the student have access to instruction on grade-level content standards?
6. Does the student demonstrate lack of attention, lack of sustained attention, processing problems, and/or poor short-term memory?

Adapted from *Eligibility Guidelines for AA-MAS*.

Note: AA-MAS will not be available until the 2010-11 school year.

IEP Individualized Education Program CHILD'S NAME: _____

11 LEAST RESTRICTIVE ENVIRONMENT

Does this child attend the school (or for a preschool-age child, participate in the environment) he/she would attend if not disabled? YES ☐ NO ☐

If no, justify:

Does this child receive all special education services with nondisabled peers? YES ☐ NO ☐

If no, justify (justification may not be solely because of needed modifications in the general curriculum):

12 STATEWIDE AND DISTRICT WIDE TESTING

For each subject tested in the child's grade, choose the method of assessment below. If "With Accommodations" is chosen for any subject, provide a description of the Accommodations for each subject in the right column. Alternate Assessment, if chosen, must apply to all tests taken.

Will the child participate in classroom, district wide and state wide assessments with accommodations? YES ☐ NO ☐

AREA	GRADE	CHILDREN WILL BE TESTED:	DETAIL OF ACCOMMODATIONS
READING		<input type="checkbox"/> WITH ACCOMMODATIONS <input type="checkbox"/> MODIFIED ASSESSMENT	
WRITING		<input type="checkbox"/> WITH ACCOMMODATIONS <input type="checkbox"/> MODIFIED ASSESSMENT	
MATH		<input type="checkbox"/> WITH ACCOMMODATIONS <input type="checkbox"/> MODIFIED ASSESSMENT	
SCIENCE		<input type="checkbox"/> WITH ACCOMMODATIONS <input type="checkbox"/> MODIFIED ASSESSMENT	
SOCIAL STUDIES		<input type="checkbox"/> WITH ACCOMMODATIONS <input type="checkbox"/> MODIFIED ASSESSMENT	
OTHER		<input type="checkbox"/> WITH ACCOMMODATIONS <input type="checkbox"/> MODIFIED ASSESSMENT	

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Check “NO” if the child attends a school other than the school the child would attend if not disabled.

- If “No” is checked, the team must provide justification.

Check “NO” if the child will receive special education services in settings that will not include non-disabled peers.

- If “No” is checked, the team must provide justification.

State and District Wide Testing

- Visit www.edresourcesohio.org and search “Ohio Resources”.
 - Click on (OEC-LS) Statewide Assessment Accommodations for the listing of allowable accommodations.

If the child will be provided accommodations on **any** test, answer “YES” and complete the grid. The grid should be filled out only for those children who will be provided accommodations.

Detail of Accommodations

Note: If a child uses an accommodation that is “not allowable” while taking a statewide assessment the district will receive an invalid score for that child.

Excused from the Consequence of NOT Passing the OGT

For OGT - only

If the student is to be excused from the consequences of not passing the Ohio Graduation Test, check “Yes” in the boxes on the next page and write “Excused” in the “Detail of Accommodations” column in the grid on the previous page.

Different Curriculum (OGT Only)

Check “YES” if the child is completing a curriculum that is based on functional skills, i.e.:

- Hygiene,
- Feeding,
- Toileting,
- Mobility, or
- A curriculum that is not at the grade level the assessment is measuring.

**OGT
Only**

Check “NO” if the child uses the same curriculum as other children taking the test, but the teacher or other school personnel provide accommodations or modifications to the curriculum to allow the child to access the material.

IEP Individualized Education Program CHILD'S NAME: _____

Is the child to be excused from the consequences of not passing the Ohio Graduation Test (OGT)? YES ☐ NO ☐

The child is completing a curriculum that is significantly different than the curriculum completed by other children required to take the test. YES ☐ NO ☐

The child requires accommodations that are beyond the accommodations allowed for children taking state wide assessments. YES ☐ NO ☒

The child is excused from the consequences of not passing the OGT in the following subjects:

☐ Reading ☐ Mathematics ☐ Writing ☐ Social Studies ☐ Science

Met Testing Participation Requirement? Date complete: _____ YES ☐ NO ☐

Is the child participating in alternate assessment? YES ☐ NO ☒

Justify the choice of alternate assessment and address why it is appropriate:

Exceeds Allowable Accommodations (OGT Only)

Check “YES” if the child is provided accommodations in the classroom that go beyond the accommodations allowed on statewide assessments.

See Annotated IEP p. 29.

Select the subjects that apply.
(OGT Only)

Justification for Alternate Assessment (OGT & OAT)

Explain:

1. Why the child will not participate in general statewide testing, AND
2. Why the selected alternate assessment is appropriate for the child.

Alternate Assessment (OGT & OAT)

A child may participate in an alternate assessment if the child is ***significantly cognitively impaired and is using a functional curriculum.*** See *Ohio Statewide Testing Program Rules Book* found at <http://www.education.ohio.gov>.

Met Testing Participation Requirement? (OGT Only)

Check “YES” if the child is excused from the consequences of the requirement of passing the OGT or any part of the OGT.
Note: Once a child’s IEP team has excused the child from the consequences of passing any part of or the entire OGT, the child must take the test or tests that they have been excused from one time after this determination has been made.

Date Completed

Enter the date the child took the test after the team made the decision to excuse.

See Annotated IEP, p. 30.

Check the box next to the type of meeting that was held.

More than one box may be checked.

Required Members:

- The Child (if appropriate)
- The Parent(s)
- The District Representative*
- The Intervention Specialist
- The Regular Education Teacher (if the child is, or may be, participating in regular education classes)
- A Person Knowledgeable About the Instructional Implications of Evaluations (if those are being discussed).

**See Operating Standards
§ 3301-51-07(I)(a-g), pp. 128-129.*

If any of the above will not be in attendance at the IEP team meeting **for the entire meeting**, the district must have a **written excuse signed by the parents and the school district prior to the meeting** that allows the required member not to be in attendance at the IEP team meeting.

For Preschool:

A *general education teacher is required* for preschool. If the child is enrolled in a community program, this teacher can fulfill this requirement. If the district has an ECE grant (public preschool), a teacher from this program could be involved.

See Annotated IEP p. 32.

IEP Individualized Education Program CHILD'S NAME: _____

13 MEETING PARTICIPANTS

THIS IEP MEETING WAS:

☐ Face-to-Face Meeting
☐ Video Conference
☐ Telephone Conference/Conference Call
☐ Other

IEP EFFECTIVE DATES
START: _____ END: _____
DATE OF NEXT IEP REVIEW: _____

IEP MEETING PARTICIPANTS
THE FOLLOWING PEOPLE ATTENDED AND PARTICIPATED IN THE MEETING TO DEVELOP THIS IEP

POSITION	NAME	SIGNATURE
Student*		
Parent		
Parent		
District Representative*		
Intervention Specialist*		
General Education Teacher*		

PEOPLE NOT IN ATTENDANCE WHO PROVIDED INFORMATION AND RECOMMENDATIONS

POSITION	NAME	SIGNATURE	DATE

IF THE REGULAR EDUCATION TEACHER, INTERVENTION SPECIALIST, DISTRICT REPRESENTATIVE OR PERSON KNOWLEDGEABLE ABOUT THE INSTRUCTIONAL IMPLICATIONS OF THE EVALUATION DATA HAVE SIGNED AS NOT IN ATTENDANCE AT THE IEP MEETING, A WRITTEN EXCUSE MUST BE ON FILE.

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The length of time between the “Start” date and the “End” date can be ***no more than twelve months***.

The length of time between the meeting date entered under the “Meeting Information” section on page 1 of this form and the date entered here can be ***no more than twelve months***, but may be less than twelve months.

Date: The date that the excused member signs this section of the form.

People Not in Attendance

If any required IEP team members are not in attendance at **the entire IEP team meeting** because they have been excused from attending the meeting, either in whole or in part, this is the section of the IEP where they document that they were excused from the meeting. *Can be used for people other than required members who provided input for the IEP.*

- **A written excuse, signed by the parents and the school district prior to the meeting**, must be on file for any required member of the IEP team who did not attend the IEP team meeting. This section must be signed and dated by the excused member.

See Annotated IEP pp. 32 - 33.

For Medicaid School Program Providers:

The qualified Medicaid practitioner who participated in the ETR to determine services that could be included in the MSP Plain of care (POC) must sign the IEP.

- This signature indicates approval of services.
- The provider is NOT required to attend the meeting.
- If the provider does not attend, he or she must sign after the meeting is held.
- Services provide prior to obtaining a signature from the MSP Provider may not be submitted for cost reimbursement.

See Annotated IEP p. 33.

A copy of this completed form is part of, and must be attached to, the IEP if the child has a **visual impairment**.

Braille

Definition:

“Unless otherwise specified, means a tactile system of reading and writing for individuals with visual impairments commonly known as Standard English Braille.”

See Operating Standards § 3301-51-01(B)(6)

IEP Individualized Education Program		CHILD'S NAME
15 CHILDREN WITH VISUAL IMPAIRMENTS		
This form shall be completed during the IEP meeting for each child who has a visual impairment, as defined by Ohio's Amended Substitute House Bill Number 164, which requires a statement specifying one or more reading and writing media in which instruction is appropriate to meet the child's educational needs. A copy of this completed form is part of, and must be attached to, the child's IEP form.		
1. Annual assessment of reading and writing skills was conducted with each child in all media considered appropriate. The results of these assessments are included in "Present Levels of Development/Functioning/Performance" on the IEP and indicate both strengths and weaknesses.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. The IEP contains a requirement for instruction in Braille reading and writing when that medium is appropriate and is indicated by adding "Standard English Braille" as a special service in Step 4, listing the date initiated and the anticipated duration of services.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. Instruction in Braille reading and writing was carefully considered for this child and pertinent literature describing the educational benefits of instruction in Braille reading and writing was reviewed by the persons developing this child's IEP.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. The following visual condition(s) was taken into account and discussed in making the above decision:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Condition is degenerative and progressive loss is expected.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Condition is currently unpredictable in nature and will be reviewed if change in visual condition is noted.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Condition is temporary and expected to improve.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Condition is stable and will be monitored.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5. Indicate the appropriate instructional media		
Standard English Braille	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Large Print	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Regular Print	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Tape/auditory	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Pre-reader	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6. Complete if Braille reading and writing ARE appropriate at this time		
Annual goals provided	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Short-term objectives provided	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Date of initiation indicated	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Frequency and duration of instructional sessions indicated	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Level of competency to be achieved annually indicated	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Objective determinants used to measure achievement provided	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7. Reasons Braille reading and writing ARE NOT appropriate this time		
Documented visual acuity allowing the choice of larger type/regular type	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Child is considered a pre-reader	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If “YES,” Braille instruction must appear in Section 7, Description(s) of Specially Designed Services, under “Specially Designed Instruction.”

Similar to checklist in Section 10, General Factors. If “NO” is checked, you must go back and include information about Braille in the appropriate sections of the IEP.

Rules Regarding Development, review and revision of IEP for a child who is blind or visually impaired:

Provide for instruction in Braille and the use of Braille unless the IEP team determines, after an evaluation of the child's reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the child's future needs for instruction in Braille or the use of Braille), that instruction in Braille or the use of **Braille is not appropriate for the child.**

See Operating Standards § 3301-51-07(L)(b)(iii)(a).

Web-Based Resources for Special Education and/or IEP Development

EdResources Ohio. <http://www.edresourcesohio.org>

The Ohio Department of Education's site for all things related to special education. In this site, you will find The Operating Standards for Ohio Educational Agencies serving Children with Disabilities (Commonly referred to as the "Operating Standards"), The Guidance Document for the Operating Standards, Ohio's Model Policies and Procedures for Special Education, *Whose IDEA is This?* (the procedural safeguards notice), Ohio required forms, including the most recent IEP form (PR-07), (and Annotations), ETR form (PR-06), (and Annotations), Prior Written Notice form (PR-01), and Parent Invitation (PR-02). Ohio optional forms, including the Functional Behavior Assessment, Parent / Guardian Excusal, Progress Report, and many more! Links to Ohio Resources, including assessment information, links to ODE, and more! Federal Resources, including links to Standards-Based IEPs, IDEA, NCLB, and more! Documents from the Office of Special Education Programs (Federal), including Q/A on topics such as Secondary Transition, RTI, Disproportionality and more!

James Madison University Special Education Program. <http://coe.jmu.edu/learningtoolbox/studentstart.htm>

The purpose of the Learning Toolbox website is to help students with learning difficulties to become more effective learners so that they can meet the increasingly rigorous academic demands of today's schools. The Learning Toolbox is designed for use by three groups: 1. Secondary students with learning difficulties; 2. Teachers of middle and secondary-level students; 3. Parents of students with learning difficulties.

National Secondary Transition Technical Assistance Center. <http://www.nsttac.org/>

The purpose of the National Secondary Transition Technical Assistance Center (NSTTAC) is to assist states to build capacity to support and improve transition planning, services, and outcomes for youth with disabilities. In this site, you will find information, resources and links to issues related to secondary transition including, Indicator 13, Transition Assessments, Summary of Performance, Student-Focused Lesson Plans, and more!

Ohio Center for Autism and Low Incidence. <http://www.ocali.org/>

Ohio Center for Autism and Low Incidence (OCALI) serves families, educators, and professionals working with students with autism and low-incidence disabilities, including autism spectrum disorders, multiple disabilities, orthopedic impairments, other health impairments, and traumatic brain injuries. In this site, you will find information related to Autism Spectrum Disorders, Low Incidence Disabilities, Family Services, Assistive Technology, Transition, OCALI Loans, and Professional Development, including learning opportunities in the form of internet modules.

Ohio Department of Education. <http://www.education.ohio.gov/>

This Ohio Department of Education home page is beneficial for everything related to education in the state of Ohio; however for issues related to special education, please visit the EdResources Ohio site, above.